



APPLICATION FOR PARK & BEACH VENDOR PERMIT

DATE RECEIVED: _____

BY STAFF: _____

TO BE COMPLETED BY CITY OFFICIAL

Authorized Location _____

Vending Season
October 2020 – February 2021

Date Permit Issued _____ Permit Number _____

For Period _____ To _____ Receipt Number _____

Amount Paid \$ _____

Health Permit Number _____

TO BE COMPLETED BY APPLICANT

1. Name of Applicant _____

D.B.A. _____

Are you doing business as a:

_____ Sole Proprietor? If so, attach certified copy of Assumed Name and Certificate from County Clerk's Office.

_____ Partnership? If formal partnership, attach certified copy of partnership agreement from Secretary of State. If informal partnership, attach certified copy of Assumed Name Certificate.

_____ Corporation?

_____ Foreign/authorized to conduct business in Texas? If so, you must attach certified copy of authority.

2. What is your business address?

Home Office _____ Phone (Business) _____

Local Office _____ Phone (Local) _____

3. EMAIL Address (required) _____

4. List your employees below who will be involved in the vending operation. Attach the list if necessary.

1) Name _____ Phone _____

Address _____ I.D. Card No. Issued _____

2) Name _____ Phone _____

Address _____ I.D. Card No. Issued _____

5. Type of permit requested

_____ Fixed _____ Push Cart (mobile North Beach Only)

6. Please check locations

Cole Park: ___ at Kid's Place (maximum overall length 21 feet)
___ at Skate Park

Other CC Park: _____ (Approval from Parks & Recreation Director required)

Gulf Beach: Beach Markers (BM)

___ 84 ___206 ___207 ___211 ___215 ___215.5
___216 ___216.5 ___223.5

All Gulf Beach locations are waterside.

7. Please provide a proposed menu/product list and associated prices:

8. Will a vehicle be used in the operation of the business (vending or supply)? If so, please state the following information and proof of current registration:

Make	Year/Model	License Number
Make	Year/Model	License Number
Make	Year/Model	License Number

9. What type of vending unit will be utilized in the operation of the business?

Type:

Description of vending unit:

Attach a photo. Approved by (City Representative) _____

Specifications (overall length of trailer, including hitch, attached generator, etc.):

10. If selected, the following items will need to be turned in within 1 week.

- _____ Certified copy of Assumed Name Certificate (D.B.A.)
- _____ Copy of State Sales Tax Certificate
- _____ Copy of Business Liability & AUTO Insurance naming the City of Corpus Christi as an additional insured.
- _____ Copy of Nueces County Health Permit, if applicable.

11. Required fees attached. (See attached fee schedule.)

12. Every vendor (and its employees) will be subjected to a background check. Do you have a problem with a background check? Yes _____ No _____

AGREEMENT

I, the undersigned applicant, do hereby certify that I am an authorized agent to act in behalf of said business; that all information contained herein is true and correct; and hereby agree to comply with all provisions of Chapter 10, Beachfront Management and Construction, and Chapter 38, Peddlers, Vendors, Itinerant Merchants, and Solicitors, of the City of Corpus Christi Code of Ordinances, and all applicable State and Federal regulations. I further understand that every individual who conducts business for the applicant is the applicant's representative, whether acting as employee, agent, independent contractor, franchise or otherwise, and that the applicant is responsible for compliance with all applicable provisions of the City's Code of Ordinances by our representatives.

SIGNATURE

Name of Applicant (Printed)	Applicant's Signature
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